## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

**CLAIMS AS FILED - PART I** 

Application or Docket Number

1254-02297

(Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			45					RATE	FEE	]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		-	SIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			4 9 minus 20=		* 28			<b>'</b> ^ 0		Un		
					* 9			(\$ 9=		OR	X\$18=	507
<b>—</b>	EPENDENT CL		\				)	<b>&lt;</b> 42=		OR	X84=	756
MULTIPLE DEPENDENT CLAIM PRESENT							+	140=		OR	+280=	280
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				T	OTAL		OR	TOTAL	2250
CLAIMS AS AMENDED - PART II											OTHER	
		(Column 1)		(Column 2		(Column 3)		SMALL ENTITY		OR	SMALL	
<b>AMENDMENT A</b>		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL FEE
	Total	*	Minus,	**		=	×	(\$ 9=		OR	X\$18=	
	Independent	nt   *     Minus   *** ESENTATION OF MULTIPLE DEPENDEN		<u></u>	5 01 4114	=	>	(42=		OR	X84=	
L	FIRST PRESE		ULTIPLE DEI	PENDEN	CLAIM		+	140=		OR	+280=	
							^0	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
		ADL	/II. I C.L. I			ADDII. 1 CL						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	×	(\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= ·		(42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT	CLAIM					Un		
								140=		OR	+280=	
								TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)						
AMENDMENT C	arago Territora	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	×	\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		(42=			X84=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	7.07-	
	lf the anti-	+	140=		OR	+280=						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE												
		mber Previously P ober Previously Pa						_	propriate ho			